## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/561,685 (FOR USE WITH FORM PTO-875) **CLAIMS** AS FILED AFTER AFTER I"ANENDMENT I MAMENBACHT AS FILED AFTER AFTER IND. E"AMERDMENT DEP. 2 " AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 7 35. DAS JATOT A A T. TOTALOG \$ TOTAL DEP TOTAL DEP **∜**¤ **₫**¤ TOTAL TOTAL CLABOS

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